

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10561343

FILING DATE

12-20-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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24			1			
25				1		
26			1			
27				1		
28			1			
29				1		
30				1		
31			1			
32				1		
33				9		
34				5		
35				5		
36				5		
37				5		
38				5		
39				5		
40				5		
41				5		
42				5		
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48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		59	←		←
TOTAL CLAIMS			63			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						